

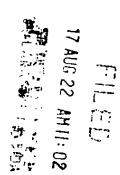
| (Requestor's Name)                      |        |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION                              | Tampa Noonshiners C                           | Club, Inc.  |  |  |
|--|---|---|--|--|
| DOCUMENT NUMBER:                                 | N13000007261                                  |   |  |  |
| The enclosed Articles of Am                      | endment and fee are subm                      | itted for filing.   |  |  |
| Please return all corresponde                    | ence concerning this matter                   | to the following:   |  |  |
| Joe Erd  |   |   |  |  |
|  | (   | Name of Contact Pe  | rson)  |  |
| Links Financial, LLC.                            |   |   |  |  |
| <del></del>                                      |   | (Firm/ Company  | )  |  |
| 100 E. Madison St. Ste. 30                       | 2   |   |  |  |
|  |   | (Address)   |  |  |
| Tampa, FL 33602                                  |   |   |  |  |
|  | (1  | City/ State and Zip (   | Code)  |  |
| joe@links-financial.com                          |   |   |  |  |
| Е  | -mail address: (to be used t                  | for future annual rep   | ort notification   | 1)   |
| For further information conc                     | erning this matter, please c                  | all:  |  |  |
| Joe Erd  |   | at  | 813  | 341-1250   |
|  | (Name of Contact Person)                      | ···   | (Area Code)  | (Daytime Telephone Number)                                 |
| Enclosed is a check for the fo                   | ollowing amount made pay                      | able to the Florida I   | Department of 3  | State:   |
| ■ \$35 Filing Fee                                | □\$43.75 Filing Fee & □ Certificate of Status | S43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certif<br>Certif   | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing A<br>Amendme<br>Division o<br>P.O. Box 6 | nt Section<br>f Corporations                  | An<br>Div   | eet Address<br>endment Sectivision of Corpo<br>fton Building |  |

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## FILED Articles of Incorporation

 $\boldsymbol{\alpha} \boldsymbol{f}$ 

17 AUG 22 AM II: 02

| Tampa Noonshiners Club, Inc.   | _                                     | and the second s |
|--|---------------------------------------|--|
| (Name of Corporation   | as currently filed with the           | forida Dent. of State) ) A   |
| N13000007261   | <i>ਵ</i> ਾ                            |  |
| (Docun   | ent Number of Corporation (i          | f known)   |
| Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:    | ida Statutes, this <i>Florida Not</i> | For Profit Corporation adopts the following  |
| A. If amending name, enter the new name of the   | corporation:                          |  |
| N/A  |                                       | The new  |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name    |                                       |  |
| D. Enter new principal office address if applica   | N/A                                   |  |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)      |                                       |  |
|  |                                       |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I                   | N/A                                   |  |
|  |                                       |  |
| D. If amending the registered agent and/or regis   | tered office address in Florid        | da, enter the name of the  |
| new registered agent and/or the new registere  | ed office address:                    |  |
| Name of New Registered Agent:  | N/A                                   | <del></del>  |
|  |                                       | (Florida street address)   |
| <u>New Registered Office Address:</u>  |                                       |  |
|  | N/A                                   | , Florida  |
|  | (City)                                | (Zip Code)   |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent |                                       | ept the obligations of the position.   |
|  |                                       |  |
| _  | Signature of New Res                  | gistered Agent, if changing  |

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange X Remove X Add | <u>V</u> <u>Mil</u> | <u>nn Doe</u><br>ke Jones<br>ly Smith |                    |
|---------------------------------|---------------------|---------------------------------------|--------------------|
| Type of Action<br>(Check One)   | <u>Title</u>        | <u>Name</u>                           | <u>Addres</u> s    |
| I) Change                       | VP                  | Joseph Erd                            | 100 E. Madison St. |
| X Add                           |                     |                                       | Ste. 302           |
| Remove                          |                     |                                       | Tampa, FL 33602    |
| 2) Change                       | VP                  | Mark Stenson                          | 220 West 7th Ave   |
| Add                             |                     |                                       | Suite 200          |
| X<br>Remove                     |                     |                                       | Tampa, FL 33602    |
| 3 ) Change                      |                     |                                       |                    |
| Add                             |                     |                                       |                    |
| Remove                          |                     |                                       |                    |
| 4) Change                       |                     |                                       |                    |
| Add                             |                     |                                       |                    |
| Remove                          |                     |                                       |                    |
| 5) Change                       | <del></del>         |                                       |                    |
| Add                             |                     |                                       |                    |
| Remove                          |                     |                                       |                    |
| 6) Change                       |                     |                                       |                    |
| Add                             |                     |                                       |                    |
| Remove                          |                     |                                       | <del></del>        |

| E. If amending or adding additional Art<br>(attach additional sheets, if necessary). | (Be specific) |   |  |
|--|---------------|---|--|
| N/A  |               |   |  |
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| The  | date of each amendment(s) adoption:  | , if other than the |
|------|--|---------------------|
| date | this document was signed.  |                     |
| Effe | 8/17/17<br>ctive date <u>if applicable:</u>  |                     |
|      | (no more than 90 days after amendment file date)   |                     |
|      | E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be iment's effective date on the Department of State's records.   | e listed as the     |
| Ade  | ption of Amendment(s) ( <u>CHECK ONE</u> )   |                     |
|      | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.   |                     |
|      | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |                     |
|      | Dated 9-17-17  |                     |
|      | Signature / O. Land Marie Signature  |                     |
|      | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _                   |
|      | To by MARTINI (Typed or printed name of person signing)  |                     |
|      | Resident (Title of person signing)   |                     |